

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518034 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52	1					
3		1					53	(1)					
4		1					54	1					
5		1					55	1					
6		1					56	1					
7		1					57	1					
8		1					58	1					
9		1					59	1					
10		1					60	1					
11		1					61	1					
12	1						62	1					
13	1						63	1					
14		1					64	1					
15		1					65	1					
16		1					66	1					
17	1						67	1					
18		1					68	1					
19	1						69	1					
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	61					
TOTAL CLAIMS							TOTAL CLAIMS	68					